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## Indian Health Service Direct Services Tribes National Conference

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Albuquerque, New Mexico

### Keynote Address

by

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Good morning on behalf of Dr. Charles Grim, Director of the Indian Health Service. It is certainly a pleasure to be here today to speak to all of you at this very important second annual meeting of the Direct Services Tribes. Dr. Grim is not with us today because he is accompanying First Lady Laura Bush to the Phoenix Area. They will meet with 21 Tribal leaders at the Hurd Museum – addressing 2400 people; holding a round table with youth from San Carlos and Salt River; and visiting urban and Indian youth centers. This is all to engage American Indian and Alaska Native people in the White House Youth Initiative.

I will be shortening my remarks to give more time to the next topic, “The Federal Response to the Red Lake Tragedy.”

First I come to you as the current IHS Deputy Director in a long list of truly fine leaders such as Mr. Michel Lincoln. I believe the theme of this meeting, *As Long as the Grass Grows and the Rivers Flow*, is very appropriate to this conference and to the mission of the Indian Health Service. It reminds us of our obligation to ensure that the promises made to our people are kept, and that the rights of American Indian and Alaska Native people are fully upheld in accordance with the treaties and laws establishing those rights. This is an obligation that we at the Indian Health Service, with the full support of HHS Secretary Michael Leavitt, take very seriously, as we work daily to fulfill our mission of bringing quality healthcare services to American Indian and Alaska Native people across the Nation.

I would like to begin by acknowledging and thanking the Direct Service Tribes Planning Committee, which is comprised of Tribal representatives from each of the nine IHS Areas that continue to provide services directly to the Indian Tribes within their jurisdiction.

A special acknowledgement goes to Carole Anne Heart, the Chair of the Planning Committee, who is also the Executive Director of the Aberdeen Area Tribal Chairmen's Health Board, and to George Howell, the Vice Chair of the Committee, who is the President of the Pawnee Nation of Oklahoma.

The Tribal Leaders of the Direct Services Tribes have stated clearly that they feel it is important to hold a national meeting to focus on issues of concern to those Tribes that continue to receive portions of their health care directly from the IHS. We agree, for a number of good reasons. Almost half of the IHS service's budget continues to go toward providing services directly from IHS to Tribes; the IHS health system serving the Direct Services Tribes is comprised of 36 of the 49 IHS funded hospitals (the remaining 13 are contracted under 638) and they provide health care in some of the most remote and isolated geographical areas served by the Indian health system; and we believe choosing to receive direct health care services is as much an expression of self-determination as is a Tribe operating its own program under a self-determination agreement.

In the period between the first national conference and this one, several important steps have been taken on behalf of better serving the interests and needs of Direct Services Tribes. For instance, the Direct Services Tribes Planning Committee has proposed the establishment of a national committee to advise the IHS on issues of interest to the Direct Services Tribes, in areas such as health, policy, and budget. Dr. Grim is prepared to officially approve this committee. In fact, this will occur tomorrow morning when Dr. Grim joins us for the rest of the meeting. Also, the IHS is presently advertising for a senior manager (Associate Director for Direct Services) in the IHS Office of Tribal Programs. The person selected for this position will work with Direct Services' Tribal leaders and health programs and assist the emerging Direct Services Tribes Advisory Committee in helping to ensure that the positions and interests of Direct Services Tribes are conveyed to Dr. Grim and his senior staff.

This 2<sup>nd</sup> National Conference will provide a forum for discussion on a variety of important and interesting topics, but perhaps none is more appropriate and timely than the panel and workshops scheduled to discuss behavioral health issues in Indian communities. This is one of Dr. Grim's main focus areas for the IHS in the coming years, which include three closely related initiatives: Behavioral Health, Health Promotion and Disease Prevention, and Chronic Disease Management.

Addressing behavioral health and mental health issues in our communities is crucial. We need to focus on screening and primary prevention in mental health. The recent shooting incident at Red Lake has been a tragic reminder to all of us in Indian Country, as well as to the Nation as a whole, of the importance of increasing our efforts to effectively address mental health issues.

Early on in Dr. Grim's tenure as Director of the Indian Health Service, he announced his Health Promotion and Disease Prevention Initiative. As a Nation we are struggling with chronic diseases such as diabetes, heart disease, obesity, cancer, asthma, and depression. This initiative is a reflection of Dr. Grim's conviction that we must address the primary prevention

of these chronic diseases if we are to critically influence the future health of our patients and our communities.

We must address not only the primary prevention of these chronic diseases, but we must also look at better chronic disease management in our clinical care of our patients.

Maintaining the level of resources necessary to best meet the health needs of Indian people is an ongoing challenge, so I would like to say a few words on the status of the IHS FY 2005 and 2006 budget appropriations.

The fiscal year 2005 budget authority for the IHS is \$2.99 billion. This is a \$63 million, or approximately 2.2%, increase over the fiscal year 2004 enacted budget level. Adding in funds from health insurance collections estimated at \$633 million, designated diabetes appropriations of \$150 million, and \$6 million for staff quarters rental collections, increases the budget for the IHS to \$3.8 billion in program level spending.

The President's FY 2006 Budget request for the Indian Health Service is a clear indicator that your priorities as communicated through the consultation processes are being heard. The FY 2006 budget request focuses on current services needs, which have been your highest priority for the past several years.

During the 2005 Regional Tribal Consultation Sessions and the HHS Budget Consultation Session, Tribes were very clear about the need for additional resources as well as their budget priorities. Tribal priorities guide Dr. Grim's decisions in short turn around at both the Department and OMB levels. We all agree that needs remain to be addressed; however, in this extremely difficult budget environment, the IHS is recommended for an increase of \$63 million. This is in sharp contrast to a reduction in excess of \$500 million for CDC, a reduction in excess of \$400 million for ACF, and a reduction in excess of \$800 million for HRSA, to name but a few.

Another issue of concern to all of us in Indian Country is the status of the reauthorization of the Indian Health Care Improvement Act. In fact, I understand there is a meeting of the national Tribal steering committee for the 437 reauthorization that is scheduled immediately after the conclusion of this conference, and will be held at this same hotel.

During the second session of the 108th Congress, the IHS and the Department worked with the congressional committees to resolve areas of concern with the pending legislative proposals. Time ran out before a bill could be finalized.

In the 109th Congress we have a new Chairman of the Senate Committee on Indian Affairs, Senator John McCain of Arizona, and a new Vice-Chairman, Senator Byron Dorgan of North Dakota. Last month, Dr. Grim met with Senator McCain and the Chairman and they understand the importance of passage of a reauthorization bill, and consider it a priority for the committee.

On April 13th, the Senate Committee on Indian Affairs held a hearing on the status of health among American Indians and Alaska Natives and Dr. Grim presented testimony on behalf of the IHS and the Department. Additional witnesses included the National Steering Committee on the Reauthorization of the IHCIA; the National Indian Health Board; the National Council on Urban Indian Health; and, the Navajo Nation. Based on this hearing we understand Senator McCain will decide on what provisions to include in a bill to reauthorize the IHCIA. We understand this bill should be introduced soon, perhaps even this week, with possible hearings to follow. When a reauthorization bill is introduced, IHS and the Department

are prepared to work with the congressional committees of jurisdiction to have an enacted IHCIA bill as soon as possible.

Dr. Grim and I are confident that we can pick up where we left off last year with the reauthorization effort and reach agreement on a bill that will include changes and additions to the IHCIA that will enhance Indian health programs' ability to provide needed services to elevate the health status of American Indians and Alaska Natives.

Let me take a few minutes at this point to update you on our progress with the IHS Headquarters Restructuring. First, I want to make you aware of some of the things Dr. Grim has done to reorganize Headquarters and the way we do business. This year there were significant changes to the Headquarters organizational structure. These changes are intended to improve our support of those in the field, our responses to the Department and Congress, and achieve the management and performance goals of the President and the Secretary. Dr. Grim is in the process of filling key Headquarters positions, beginning with the selections of me as the IHS Deputy Director and Phyllis Eddy as the Deputy Director of Management Operations for the IHS. Dr. Grim has made selections on all but two of the remaining new senior manager positions in Headquarters.

I would like to take this opportunity to mention an important milestone in the history of the Indian Health Service, which many of you here today are probably aware of already. In July of 1955, the Indian Health Service was officially transferred from the Bureau of Indian Affairs to the United States Public Health Service, making FY 2005 the 50<sup>th</sup> anniversary year for the Indian Health Service.

In FY 2005 we are embarking on a special year of celebrations and special events. A 50<sup>th</sup> Anniversary reference library of historical documents and photographs is being compiled, which will be available on the IHS website and on a special 50<sup>th</sup> Anniversary CD. We are also working with the National Museum of the American Indian on a couple of events celebrating the Indian Health story. We are publishing a new edition of the "Gold Book," which was first published in 1957 as a comprehensive report to Congress on the status of the health of American Indians and Alaska Natives around the time of the transfer. The new version will show the progress made in the last 50 years, and our plans for facing the challenges of the next 50 years.

I hope all of you here will join us as we recognize this important date in the history of the Indian Health Service.

In closing, on behalf of Dr. Grim, I would like to thank all of you for attending this conference, which I am sure, will prove even more successful than the first and will be of great benefit to our Direct Services Tribes. All of you here today play an important role in the achievement of our mutual goal of improving the health status of American Indian and Alaska Native people, and Dr. Grim and I are proud and honored to be your partner, along with all the employees in the IHS, in this endeavor.

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